U.S. Department of Justice United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND CO

United States District Court for the Western District of Michigan

	10/23/1
TO: United States Attorneys Office	Civil Action, File Number 1:19-CV-644
330 Ionia, NW	Ronald Sortland
5th Floor Law Building Grand Rapids, MI 49503	ν.
Grand Rapids, WII 47505	Unknown Colobel-Singn
The enclosed summons and complaint are s Michigan State law.	erved pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and
within 60 days. An envelope has been enclose	nent part of this form below, <u>AND RETURN COPIES 1 AND 2</u> to the sender ed for this purpose. Keep copy 3 for your records.
corporation, unincorporated association (include	KNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a ding a partnership), or other entity, you must indicate under your signature your behalf of another person and you are authorized to receive process, you must
If you do not complete and return copies 1 a behalf you are being served) may be required t manner permitted by law.	and 2 of this form to the sender within days, you (or the party on whose to pay any expenses incurred in serving a summons and complaint in any other
	2 of this form, you (or the party on whose behalf you are being served) must be defendants and/or 60 days for Federal defendants. If you fail to do so, for the relief demanded in the complaint.
I declare, under penalty of perjury, that this	Notice and Acknowledgment of Receipt of Summons and Complaint By Mail
was mailed on this date.	CHRISTOPHER Digitally signed by
	CHRISTOPHER ANDRESKI
10/02/2019	ANDRESKI Date: 2019.10.01 13:48:19 -04'00'
Date of Signature	Signature (USMS Official)
ACKNOWLEDGMEN	NT OF RECEIPT OF SUMMONS AND COMPLAINT
I declare, under penalty of perjury, that I recommanner at:	ceived a copy of the summons and of the complaint in the above captioned
LIMITED STATES ATTORNEY	Page 12 Sought
StreeWEGTERN DISTRICTORNEY StreeWEGTERN DISTRICTORNICHIGANDX No.	Relationship to Entity/Authority to Receive
PO BOX 208 — GRAND RAPIDS, MI 49501-0208	Summany + complaint
City, State and Zip Code	Service of Process
	16evel 1013/19
Signature	Date of Signature

Copy 1 - Clerk of Court

Copy 2 - United States Marshals Service

Copy 3 - Addressee

Copy 4 - USMS District Suspense

USM Form-299 Rev. 05/10 Automated 10/03

+USM-289 RS & 5-part 15/m2 96/14 tell the RSK and Grin 19 copiled stg//23/119ed Barard Potite at specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ronald Sortland					1:19-cv-00644	BER
DEFENDANT					TYPE OF PROCESS	
Commissioner of Social Se	curity				Summons & Comp	olaint
NAME OF IN	DIVIDUAL, COM	IPANY, CORF	PORATION, ET	C. TO SERVE OR DI	ESCRIPTION OF PROPERTY T	O SEIZE OR COND
	Attorney Gen					
	reet or RFD, Apar					
950 Pennsyl	vania Avenue,	NW, Wash	ington, DC 2	0530		
SEND NOTICE OF SERVICE CO	DPY TO REQUES	TER AT NAM	IE AND ADDR	ESS BELOW	Number of process to be served with this Form 285	1
Ronald D. Sortl	and		a Sortland		Number of parties to be	
1016 Lausman l St. Joseph, MI 4			ausman Driv eph, MI 4908		served in this case	3
(269) 983-2987					Check for service on U.S.A.	X
SPECIAL INSTRUCTIONS OR				IN EXPEDITING SE	ERVICE (Include Business and	Alternate Addresses,
All Telephone Numbers, and Est	imated Times Ava	ilable for Serv	vice):			
_						
Signature of Attorney other Origin	ator requesting se	rvice on behalf	_	PLAINTIFF	TELEPHONE NUMBER	DATE
Signature of Attorney other Origin				DEFENDANT		
SPACE BELOW FO		U.S. MA	RSHAL O	DNLY DO N	TELEPHONE NUMBER OT WRITE BELOW orized USMS Deputy or Clerk	
SPACE BELOW FO	OR USE OF	U.S. MA	RSHAL C	DNLY DO N	OT WRITE BELOW Drized USMS Deputy or Clerk Digitally signed by CHRISTOP	Date
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 95 8 5-part form. Of fild out the Porth and Christ 9 copties 3 19/7 as heeded 9 fild rotite as specified below.

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ronald Sortlan	nd						COURT CASE NUME 1:19-cv-644	J.J.K	
DEFENDANT					-		TYPE OF PROCESS		
Unknown Colo	obel-Singn						Summons & Comp	olaint	
(- NAME OF INDI	VIDUAL, COM	PANY, CO	PRPORATION. ET	C. TO SERVE OR DE	SCRIPT	ON OF PROPERTY TO	O SEIZE	OR CONDEMN
SERVE 2	Unknown Col			G: 0					
AT (City, State and ZIP					
arvir viornar o					n Harbor, MI 490	22		_	
SEND NOTICE O		Y TO REQUES	TER AT N	AME AND ADDR	ESS BELOW		nber of process to be red with this Form 285	1	
101	nald D. Sortlan 16 Lausman Dr Joseph, MI 490	ive	1016	inia Sortland 5 Lausman Driv oseph, MI 4908			nber of parties to be red in this case	3	
(26	9) 983-2987						ck for service J.S.A.	X	
SPECIAL INSTR	LUCTIONS OR OT	THER INFORM	ATION TH	IAT WILL ASSIST	IN EXPEDITING SE	RVICE	Include Business and	Alternate	Addresses.
Signature of Atton	ney other Originate	or requesting set	rvice on beh	nalf of:] PLAINTIFF	TELEPH	ONE NUMBER	DATE	
					DEFENDANT				
SPACE BI	ELOW FOR	R USE OF	U.S. M	IARSHAL C	DNLY DO NO	OT W	RITE BELOW		
SPACE BI l acknowledge rec number of process (Sign only for USM	ELOW FOR eipt for the total indicated. M 285 if more		U.S. M District of Origin	IARSHAL C	DNLY DO NO	OT W	RITE BELOW MS Deputy or Clerk Digitally signed by CHRISTOPH ANDRESKI	THIS	Date
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- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: UNKnown Colombel-Singh Seciel Security Field office 4555 Band Street Benton Harbor, MI 49022	Signable Addresse Addresse Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below: USN-WHI*190CT16pm 2:12
9590 9402 4223 8121 5251 79 2. Article Number (Transfer from service label) 7018 0040 0000 5790 9703	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® ■ Certified Mail® ■ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery nsured Mail
\NTO NOAD 0000 21 15 1100	sured Mail Restricted Delivery Restricted Delivery (over \$500)
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\070 0040 0088 2.15	(over \$500)
\070 0040 0088 2.15	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	(over \$500) 19 - C V - 644 Domestic Return Receipt
PS Form 3811, July 2015 PSN 7530-02-000-9053 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed) (2 The) 8 2 0 1 9 ate of Delivery D. Is delivery address different from item 1? Yes
PS Form 3811, July 2015 PSN 7530-02-000-9053 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed) (arred) 8 2 9 9 ate of Delivery
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